

Case Number:	CM15-0221919		
Date Assigned:	11/17/2015	Date of Injury:	06/10/2001
Decision Date:	12/31/2015	UR Denial Date:	11/08/2015
Priority:	Standard	Application Received:	11/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a male, age undetermined in the medical records, who sustained an industrial injury on 6-10-01. A review of the medical records indicates he is undergoing treatment for chronic left knee pain. The 6-26-15 record indicates he rates his pain "1-2 out of 10" and indicates that his sleep is "good". He reports that he exercises regularly and that his pain has been "adequately controlled". The treating provider indicates that he is walking without assistance and has "mild" pain over the left knee. The provider also indicates "the pain is adequately controlled and that has meant good restful sleep and also good functionality ever since we attained the optimal doses". Treatment plan indicates continuation of medications, including Methadone and Oxycodone. The utilization review (11-8-15) includes requests for authorization of Oxycodone 5mg #180 and Methadone 10mg #180. The requests were modified to Oxycodone 5mg #90 and Methadone 10mg #160.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Oxycodone 5mg tablets qty 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The IW is a man who was being treated for an industrial left knee injury. There were only copies of the utilization review provided in the medical records. The MTUS guidelines for opioid usage require documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS further requires documentation of the four A's (analgesia, ADL's, adverse side effects, adverse behavior). In this case, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. For medication efficacy, the treating physician only provided a statement indicating that this is the most effective analgesic medication to date. MTUS requires much more documentation to show that this medication is efficacious in terms of pain and function. The treater in this case has not documented any of the requirements that are outlined in the MTUS guidelines. Given the lack of documentation, recommendation is for denial and slow weaning per MTUS. The request is not medically necessary.

Methadone 10mg tablets qty 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The IW is a man who was being treated for an industrial left knee injury. There were only copies of the utilization review provided in the medical records. The MTUS guidelines for opioid usage requires documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS further requires documentation of the four A's (analgesia, ADL's, adverse side effects, adverse behavior). In this case, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. For medication efficacy, the treating physician only provided a statement indicating that this is the most effective analgesic medication to date. MTUS requires much more documentation to show that this medication is efficacious in terms of pain and function. The treater in this case has not documented any of the requirements that are outlined in the MTUS guidelines. Given the lack of documentation, recommendation is for denial and slow weaning per MTUS.